

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

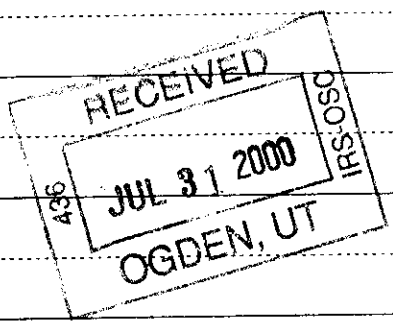
1 Name of organization Union of American Physicians and Dentists Medical Defense Fund		Employer identification number 94 2201108	
2 Mailing address (P.O. Box or number, street, and room or suite number) 1330 Broadway Ste 730			
City or town, state, and ZIP code Oakland CA 94612			
3 E-mail address of organization uapd@uapd.com			
4a Name of custodian of records Gary Robinson		4b Custodian's address same as above	
5a Name of contact person Gary Robinson		5b Contact person's address same as above	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number same as above			
City or town, state, and ZIP code			

Part II Purpose

7 Describe the purpose of the organization
To support state and local candidates and ballot issues.

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
Union of American Physicians and Dentists	affiliated	1330 Broadway Ste 730 Oakland CA 94612



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Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

9a Name	9b Title	9c Address
Robert L Weinmann M.D.	President	1330 Broadway Ste 730 Oakland CA 94612
Gary Robinson	Executive Director	1330 Broadway Ste 730 Oakland CA 94612
Deane Hillsman M.D.	Secretary	same as above
Peter A Statti M.D.	Treasurer	"
Ewart Brown M.D.	Board Member	"
Stuart Bussey M.D.	"	"
Toby Dyner M.D.	"	"
William Ellis M.D.	"	"
James Gaudet M.D.	"	"
Charles Goodman M.D.	"	"
Ted Hui M.D.	"	"
Gene Lawrence M.D.	"	"
Michael Lisiak M.D.	"	"
Lawrence Post M.D.	"	"
Robert Steinberg M.D.	"	"
rebecca Wills M.D.	"	"

**Sign
Here**

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official

Date



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Form **8871** (7-2000)